Junty	CE OF DEATH	AR BUREAU OF	RIZONA STATE B	OARD OF HEALT State Index 'No.
District Addition Town Or City Addition Addition Town		ORIGINAL CER	ORIGINAL CERTIFICATE OF DEATH	
	(If d	No. eath occurred in a Hospital Vuyi E	or Institution, give its NAMI	St. E instead of street and numbe
PERSO	NAL AND STATIS	STICAL PARTICULARS	MEDICAL CERT	TIFICATE OF DEATH
SEX	Color or Race White India Black Chine Mexican	n MARRIED	DATE OF DEATH	en 1002 197
DATE OF B	_ y an		I hereby certify, that I at	(Month) (Day) (Ye
AGE	7/	If less than 1 day ays hrs., ormin.	191 to	that I last saw h al
<b>  OCCUPATIO</b>	N	ays   hrs., ormin.	stated above at M T	d that death occurred on the d he DISEASE or INJURY caus
Particular	profession or (	setteman	Death was as follows:	aw degener 10
li Dusiness, oi	l nature of indust establishment in		after he deap	
BIRTHPLAC	oyed or (employe		bank delile	yrs mos days
(State or co	ountry)	yer /	(Duration)	yrsmosdays
NAME OF FATHEI	michael	Burlaker	Was disease contracted in A	
BIRTHPLA Z FATHER			<b>.</b>	
(State or	(State or country) Messer		Duration	yrsmosdays
MAIDEN NAME Sarah Keegene			(Signed) (Address	Dunan a
BIRTHPLA MOTHER (State or	country)	cas	In death from Violent Can and (2) whether Accidental LENGTH OF RESIDENCE	see state (1) Man
The Above Is True to the Best of My Knowledge			At place of death yrsmo	e de la Asiana 2
(Informant) (Address)	Dun	Julaky	Former or Usual Residence	
PLACE OF REMO	BURIAL OR OVAL	DATE OF BURIAL OR REMOVAL	Filedy 10 192V 4	Egene John
UNDERT		Jene /1 19172	Filed	Local Hagistrar.
	'AKBID' IL	ADDRESS		arasa ar ara araban kanan ka

This certificate is NOT to be transmitted with the body person removed from one registration district to another.